

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036225

318

C#403208

SL#

18800

8990

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 24 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

35 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VAH, ST. LOUIS, MO.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR  
TOWN SULLIVAN

d. STREET

(If outside, give location)

ADDRESS  
153 EAST ELUCID

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

(Carlyle)

CARL

M.

HARMON

4. DATE  
OF  
DEATH

Month

Day

Year

SEPTEMBER 16, 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2/17/93

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

NEWSPAPER MAN

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

GRANDIN, MO.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

ALBERT F. HARMON

## 13b. MOTHER'S MAIDEN NAME

REBECCA ELIZABETH

## 14. NAME OF HUSBAND OR WIFE

DOROTHY HARMON

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of service)

YES

WW 1

## 17. INFORMANT

DOROTHY HARMON SEE 2D

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

CARCINOMA GALL BLADDER

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

155-1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. ~~VA~~ attended the deceased from  
Death occurred at

8/13/62

to 9/16/62

and last saw ~~him~~ alive on 9/16/62

10:55

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

ALAN BURBANK

## 22b. ADDRESS

VAH, ST. LOUIS, MO.

## 22c. DATE SIGNED

9/16/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Sept. 19, '62

## 23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Memorial

## 23d. LOCATION (City, town, or county)

Sullivan, Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

H.M. Eaton

Sullivan, Mo.

## 25. DATE RECD. BY LOCAL REG.

SEP 18 1962

## 26. REGISTRAR'S SIGNATURE

Kearl Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1

3

4 0

5 1

6

7 0

8 1

9

10

11

12 83-0

13

83

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harrison D. Eaton

Licensed Embalmer No. 5066

P. O. Address Bellevue, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.